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ACEP17 Daily News

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TUESDAY ISSUE


PAUL KIM

IMPROVE PATIENT CARE WITH NEW TECH

The popular innvoatED has even more to see this year! Demo new virtual reality and augmented reality clinical tools, watch safe stabilization techniques in a psychiatric care setting, discover new palliative and geriatric strategies, and vote on a pitch event, where start-up ideas from four digital health companies compete for funding. On Monday, Forest Devices won a pitch event for their medical device intended for prehospital detection of stroke.

CHECK OUT THE TUESDAY SCHEDULE
on page 12

PLAN FOR ACEP18 IN SAN DIEGO

Planning on coming to the ACEP annual meeting in San Diego, California next year? Before you leave Washington, be sure to visit the ACEP18 housing desk in the registration area from 7:30 a.m. to 5:30 p.m. on Tuesday, and from 7:30 a.m. to 1 p.m. Wednesday. Book now and pay later with ACEP's official housing partner.

READ MORE ABOUT ACEP18
on page 3

RORRIE LECTURE

Get Involved in Health Policy or Get Left Behind

by RICHARD QUINN

WASHINGTON, D.C.—Emergency physicians who think that health policy is only an issue for elected leaders or the C-suite, really don't have that luxury anymore. The money to fund health care is simply too tied to policy reform, said Randy Pilgrim, MD, FACEP, at this year's Colin C. Rorrie, Jr. Lecture.

"There are many of us in this room that work in academic or employed facilities where you don't have visibility or you have a layer of insulation between you and that reality," said Dr. Pilgrim, enterprise chief medical officer for Schumacher Clinical Partners of Lafayette, Louisiana. "It's my opinion that layer of insulation is going away very quickly. And hospitals under duress themselves are going to start dissecting and looking: Where are my costs? Where's my revenue?"

CONTINUED *on page 3*


PAUL KIM

ACEP17 ROUNDUP

VR, Wellness, and Quick Tips for Patient Care Top Draws

by RICHARD QUINN

WASHINGTON, D.C.—The irony of virtual reality is that it's better tested hands-on.

Timothy Koboldt, MD, FACEP, simulation director for the emergency medicine residency at the University of Missouri, learned that firsthand as he toured innovatED wearing augmented-reality devices that he could potentially use to train his residents back home.

"I spend all this time doing all these very complicated cases and all this prep work," Dr. Koboldt said. "And then I just drop them in [a video] game scenario and they're like, 'Oh yeah, that's one of the best things we've done.' So if I can have something that can keep their interest ... and recreate patient-based experiences, it would be great.

"I've spent most of the time in here looking at the new technology coming out," he said. "It's great to see the future."

ACEP's annual meeting is, first and foremost, a scientific assembly. But for this year's attendees, the lure of networking, the Wellness Center, innovatED, and a warehouse-sized Exhibit Hall is a really close second.

Alon Dagan, MD, an attending emergency physician at Beth Israel Deaconess Medical Center in

CONTINUED *on page 14*

PLUS

PRODUCT & SERVICE SHOWCASES

SEE PAGE 12

HOT SESSIONS

SEE PAGE 4

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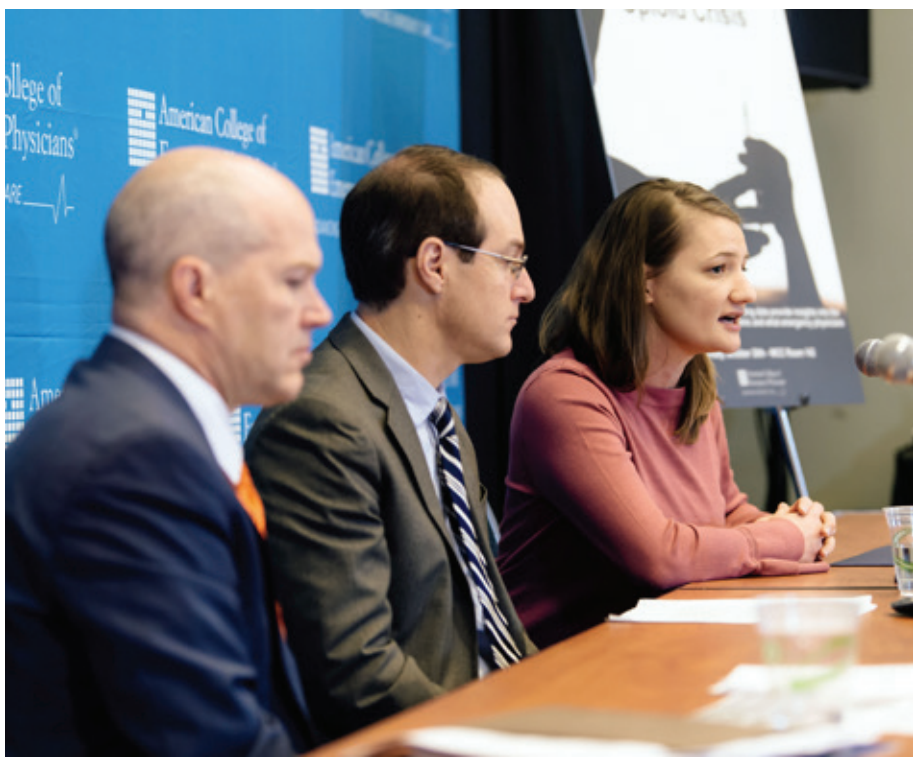

PAUL KIM

Teleconference Highlights Opioid Research

ACEP President Dr. Paul Kivela (left), along with Dr. Scott Weiner and Dr. Krista Brucker fielded questions Monday during a teleconference at ACEP17. They presented the findings of two Research Forum studies that detail the intractability of opiate dependency, including among patients who are successfully rescued from overdose by naloxone, and offer insight into who is more likely to become opiate dependent. Read more at newsroom.acep.org.

ACEP17 Daily News

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INFORMATION FOR SUBSCRIBERS

PAUL KIM

RORRIE | CONTINUED FROM PAGE 1

And that will lead them to emergency departments. Dr. Pilgrim said the specialty's rank-and-file need to get involved. Learn more about the issues central in a given institution. Write and submit editorials. Attend events like Wednesday's White Coat Day on Capitol Hill.

Dr. Pilgrim's lecture, titled "United We Stand: The Influence of Emergency Physicians on Key Health and Public Policy Issues," paints health policy as having four main domains: the impact on patients, the impact on practices, the impact on payment. and the overall impact of the delivery system.

In the payment silo, ACEP's policy team has worked to build an alterative payment model (APM) dubbed the acute unscheduled care model (AUCM). It is one of two proposals ACEP is working on, and it focuses on payments tied to transitions of care. ACEP has also fought to ensure that insurance companies are paying for what they should be, either via a lawsuit over non-transparent methods or through challenges to stricter interpretations of the prudent layperson standard.

"At the end of the day, if this doesn't get fixed, either patients or providers or hospitals are going to bear the cost, when insurance companies are actually on the hook to do it already legislatively," Dr. Pilgrim said.

He understands that learning about health care policy can be "dizzying." However, he said that policy changes affect bedside care directly. Take the opioid crisis, which has become part of the national health care conversation via President Donald Trump's declaration of a public health emergency.

"Interesting that a health policy issue makes it all the way to the bedside," Dr. Pilgrim said. "But with narcotics, opioids, standing orders, and even Medicaid prescriptions, it really is doing that."

RICHARD QUINN is a freelance writer in New Jersey.

Manage Pain Without Opioids

by ART HSIEH

WASHINGTON, D.C.—Occupational strains and sprains are common presentations to the emergency physician. At the same time, there is significant attention being paid to the use and overuse of opioid medications in the management of pain. No wonder: Studies show that patients with occupational lower back pain who are prescribed opioids early are more likely to receive MRIs, more likely to have surgery, and more likely to be disabled one year after incident. Moreover, more than 6 percent will still be on an opioid medication after one year.

There are other ways to manage lower back pain without resorting to opioids, according to Alexis M. LaPietra, DO, medical director of the emergency medicine pain management program and the fellowship director of the emergency medicine pain management fellowship at St. Joseph's Regional Medical Center in Paterson, New Jersey.

One approach is to layer several non-opioid pain medications. Begin by using tried and true NSAIDS. Studies show that naproxen alone achieves the same level of pain control when compared to combinations of naproxen and oxycodone or flexeril. Moreover, a 400-mg dose is thought to be ideal, as the analgesic ceiling is reached at that range. If that doesn't achieve the desired response, consider adding acetaminophen. The combination of the two has been shown to achieve better control of postoperative and dental pain than either one alone. Another layer of medication to add are topicals. Lidocaine patches or diclofenac gel or patches have been shown to be effective at controlling localized muscular pain.

Osteopathic manipulative therapy (OMT) is another approach to consider. This technique stretches and realigns muscles and tendons and takes advantage of the body's natural ability to heal. In one study, OMT was shown to achieve similar results in pain control when compared to intramuscular ketorolac. Any medical or osteopathic physician can perform these procedures, they take little time to perform, and are reimbursable with appropriate documentation.

For focal nodular spasms, trigger point injections can be successfully used to release the tension and reduce the pain. The nodule is isolated during assessment, and a 21 to 25 g needle with a local anesthetic is introduced at a 30-degree angle into the center of the nodule. The needle is then partially withdrawn and reinserted several times at different angles, breaking up the fibers and releasing the tension. This procedure is reimbursable as well and has produced remarkable results in diminishing severe pain quickly.

ART HSIEH is a paramedic, educator, and writer based in Northern California.

START PLANNING FOR ACEP18 IN SAN DIEGO

by DAWN ANTOLINE-WANG

Celebrating ACEP's 50th anniversary is just one of the many reasons to attend ACEP18, which will take place in San Diego, California, Oct. 1–Oct. 4, 2018. Take this opportunity to relax, enjoy the sun and surf, experience the sights, and check out the shopping and dining scene in this world-class city.

Good Eats

- **Born & Raised:** The place to go if you're in the mood for a classy steak dinner and beautifully crafted cocktails.
- **Casa Guadalajara:** Located in Old Town, this colorful restaurant offers authentic Mexican food and mariachis.
- **The Fishery:** Run by a commercial fisherman, this top-notch seafood restaurant also has a seafood market.
- **Hodad's:** Called the best burger joint in San Diego, this neighborhood spot has been featured on "Diners, Drive-ins and Dives."
- **Lionfish:** Located in the Pendry San Diego hotel, this restaurant offers a seasonally-driven menu designed for sharing.

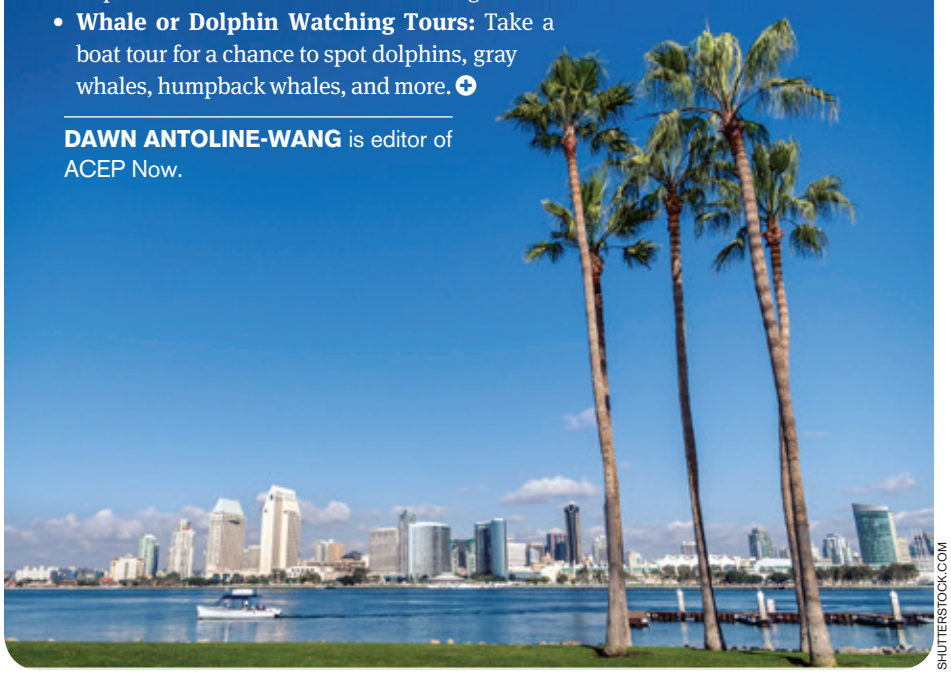
Arts and Culture

- **Theater:** San Diego offers more than 150 stage options to suit every taste—musicals to dramas, small avant-garde shows to large and award-winning productions. Half-price tickets to many shows are available at the ARTS TIX box office in Horton Plaza.
- **Education on the Water:** The USS Midway Museum—one of the top museums in the country according to Trip Advisor—and the floating Maritime Museum of San Diego offer visitors a chance to explore seafaring vessels both old and new.
- **Music:** From the San Diego Symphony in the historic Copley Symphony Hall, to the underground music scene at The Casbah, Soda Bar, and SPACE, San Diego has something for every music lover.
- **Art:** The San Diego Museum of Art in Balboa Park and the Museum of Contemporary Art San Diego offer visitors a classic museum experience with thousands of works to see, but be sure to check out the smaller art spaces such as Space 4 Art, Thumbprint Gallery, or the Lux Art Institute for unique takes on the process of creation and what qualifies as "art."

See the Sights

- **Balboa Park:** Home to the San Diego Zoo and dozens of museums, performing art venues, and other attractions, this historic park offers something for everyone.
- **Coronado Island:** Hop a ferry at Broadway Pier or the Convention Center to this beautiful island off the coast of San Diego to enjoy cycling, beaches, golf, and water sports.
- **Gaslamp Quarter:** Stroll through the historic heart of San Diego right next to the convention center to take in the Victorian architecture, grab a bite, or party at one of the neighborhood's night clubs.
- **Sunset Cliffs Natural Park:** This 68-acre park runs along the Pacific Ocean and offers unparalleled sunset views in the evening.
- **Whale or Dolphin Watching Tours:** Take a boat tour for a chance to spot dolphins, gray whales, humpback whales, and more.

DAWN ANTOLINE-WANG is editor of ACEP Now.



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Hot Sessions

The Latest Information on Diagnosing and Treating Headache

by RICHARD QUINN

It only takes one subarachnoid hemorrhage misdiagnosed as a headache to cause a nightmare for an emergency physician.

That is one reason Matthew Siket, MD, FACEP, is presenting "Stop the Pounding: Update on Headache Assessment and Treatment" today.

"Most of the time when we see a headache, it's going to be a benign cause," said Dr. Siket, co-director of the emergency center stroke centers at Rhode Island and The Miriam hospitals in Providence. "Every once in a while, we're going to run into a really dangerous cause. And we need to be prepared for when that comes so that we don't miss it."

Dr. Siket will talk about current guidelines for acute migraine treatment, management of headache syndromes, and inappropriate imaging. The last topic is part of a national discussion of decreasing imaging utilization for benign headaches. "The problem for us is that we're in a catch-22 because we don't know that the headache is benign until we've done our workup," Dr. Siket said.

"Every once in a while, we're going to run into a really dangerous cause. And we need to be prepared for when that comes."
–Dr. Siket

The session will give attendees an opportunity to hear the latest research from the emergency medicine and neurology literature, Dr. Siket said. "What have we learned from research in terms of predictors of badness and what does the data tell us are real clinical predictors of the dangerous causes?" he said. "What do we make of the thunderclap headache? What do we do when this is an abrupt and severe headache rather than sort of a gradually worsening headache?"

RICHARD QUINN is a freelance writer in New Jersey.

Dr. Siket

STOP THE POUNDING: UPDATE ON HEADACHE ASSESSMENT AND TREATMENT
Tuesday, Oct. 31
9–9:25 a.m.
WCC, Room 146B

Become an Expert at Identifying and Treating Rashes

by KAREN APPOLD

As the first line of care for patients who need urgent help, emergency physicians should be able to diagnose and manage rashes, said Catherine Marco, MD, FACEP, professor of emergency medicine and surgery at Wright State University in Dayton, Ohio. "Patients with a rash come to the emergency department to get immediate answers and treatment because dermatologists and primary care physicians aren't available 24-7," she said. "We should be able to identify dermatologic emergencies just as quickly and accurately as these other physicians."

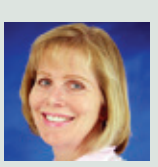
"We should be able to identify dermatologic emergencies just as quickly and accurately as these other physicians."
–Dr. Marco

During her presentation, "Recognizing the Top Ten Pediatric and Adult Rashes," Dr. Marco will interact with audience members to identify 10 important adult rashes and 10 significant pediatric rashes. "We will approach each case like solving a mystery," she said. Insight on how to distinguish lookalike rashes will also be discussed.

Dr. Marco said it's important to bring rashes to light because she's found that many emergency medicine residents and physicians have difficulty diagnosing such dermatological conditions. "My talk will be a refresher on how to identify and treat some life-threatening rashes," she said.

Dr. Marco is well-versed on the topic, having spoken to ACEP members about dermatologic problems before. "It is a passion of mine because many emergency physicians find this challenging," she said.

KAREN APPOLD is a journalist based in Lehigh Valley, Pennsylvania.



Dr. Marco

RECOGNIZING THE TOP TEN PEDIATRIC AND ADULT RASHES
Tuesday, Oct. 31
9–9:50 a.m.
WCC, Room 151A

Bust These Imaging Myths

by RICHARD QUINN

Joshua Broder, MD, FACEP, understands that undoing myths—particularly those tied to diagnostic imaging—is a difficult practice. But it still needs to be done.

"It's really intolerable in a scientific age for us to rely on information simply because someone told it to us in the past," said Dr. Broder, director of the emergency medicine residency program at Duke University School of Medicine in Durham, North Carolina. "It's one of the challenges of translating medical knowledge into a practice."

Hence, Dr. Broder is presenting "Ten Fatal Imaging Myths That Should Change Your Practice." The session aims to teach attendees to avoid myths and misconceptions that could result in delays or, at worst, potentially fatal misdiagnoses.

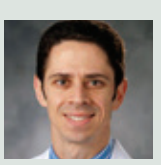
"One is that ultrasound can rule out ovarian torsion," Dr. Broder said. "We use the ultrasound to look at the blood supply and confirm whether it's normal or not normal. And we've come to think it's a yes-no test. It should answer the question. But it's actually a very poorly studied topic, and a patient's fertility is on the line if we don't make the diagnosis in a timely fashion."

"We use the ultrasound to look at the blood supply and confirm whether it's normal or not normal. And we've come to think it's a yes-no test."
–Dr. Broder

Other examples of imaging myths are that certain contrast agents are needed in CT scans when they're not or that intravenous contrast can result in kidney failure in higher-risk patients, Dr. Broder said. The session's goal is to change those habits.

"I hope that they'll go back to their very next shift ... and be able to change the way they image a common condition," Dr. Broder said.

RICHARD QUINN is a freelance writer in New Jersey.



Dr. Broder

TEN FATAL IMAGING MYTHS THAT SHOULD CHANGE YOUR PRACTICE
Tuesday, Oct. 31
12:30–1:20 p.m.
WCC, Room 147A

Get the Latest Update on Atrial Fibrillation

by KAREN APPOLD

In the past decade, emergency department visits directly due to atrial fibrillation have increased by more than 33 percent. Given this, Corey M. Slovis, MD, FACEP, professor and chairman of the department of emergency medicine at Vanderbilt University Medical Center in Nashville, said emergency physicians need to be experts in managing it. That will be the focus of his talk, "Atrial Fibrillation Update 2017: Don't Miss a Beat."

Specifically, emergency physicians should know that newer oral anticoagulants are now available; vitamin K antagonists are no longer the only drugs to treat it. "Newer medications have dramatically changed how we discharge patients on anticoagulation medication," he said.

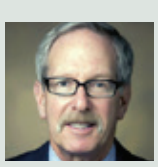
"Newer medications have dramatically changed how we discharge patients on anticoagulation medication."
–Dr. Slovis

Dr. Slovis said emergency physicians in the past often deferred the decision to anticoagulate to the patient's cardiologist. "But it may take weeks or months to become anticoagulated, leaving them at great risk of having a stroke," he said. "Therefore, as emergency physicians, we need to know who to anticoagulate, how to anticoagulate, and when they need follow-up."

Another key message is to treat the underlying disease causing a rapid ventricular response, not the arrhythmia. "Treat the disease in order to make the atrial fibrillation better or cure it," he said.

Dr. Slovis will base his talk on findings from the 2014 Atrial Fibrillation Guideline from the American College of Cardiology. He has spent considerable time diagnosing, treating, and teaching about cardiovascular emergencies.

KAREN APPOLD is a journalist based in Lehigh Valley, Pennsylvania.



Dr. Slovis

ATRIAL FIBRILLATION UPDATE 2017: DON'T MISS A BEAT
Tuesday, Oct. 31
1:30–1:55 p.m.
WCC, Room 146B

MORE ON *on page 6* ▶

Keeping Up with Dermatology Conditions and Symptoms

by VANESSA CACERES

Stay current on the most common dermatologic conditions and their treatments during today's "Skin Deep—Tricks of the Trade from Eczema to Scabies" session, delivered by Jacob Hennings, MD, FACEP, clinical assistant professor of emergency medicine at the University of Tennessee Health Science Center College of Medicine in Chattanooga.

Dr. Hennings will take attendees on a visual journey through common dermatologic findings in emergency care and share management tips.

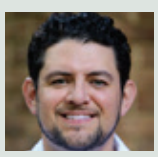
> **"Let's make our patients feel better and happier if we haven't nailed the diagnosis."**
> *–Dr. Hennings*

One area Dr. Hennings will focus on is how conditions that are seen have changed in recent years. For example, he said, "I have seen more patients present with chronic generalized hives related to bed bugs." He has also treated more chronic conditions like eczema and psoriasis, and he has had patients with limited health care access present in the middle of the night for symptoms related to their chronic conditions.

Dr. Hennings also will discuss the quantity and strength of topical steroids needed to treat a wide variety of skin inflammation and methods to alleviate pruritus. "I will cover both over-the-counter and prescription medications to treat classes of dermatology complaints," he said.

Another area he'll discuss is the importance of treating skin conditions without specifically identifying the type of rash. "I focus on symptom treatment rather than rash identification so patients can experience relief while awaiting definitive management with primary care or dermatology," he said. "Let's make our patients feel better and happier if we haven't nailed the diagnosis."

VANESSA CACERES is a freelance medical writer and editor based in Florida.



Dr. Hennings

SKIN DEEP–TRICKS OF THE TRADE FROM ECZEMA TO SCABIES
Tuesday, Oct. 31
5–5:30 p.m.
WCC, Room 146C

Spot Easy-to-Miss Radiographic Clues

by RICHARD QUINN

Interpreting radiographic findings isn't just the radiologist's job any more. "Many of us have to interpret radiographic findings and results on our own, in real time, so that we can expedite patient management and enhance patient safety," said Teresa Wu, MD, FACEP, director of the emergency medicine ultrasound program and fellowship at Banner University Medical Center–Phoenix.

Dr. Wu is delivering the talk "Ten Most Commonly Missed Radiographic Findings in the ED." She is passionate about the role of point-of-care ultrasound (POCUS) and sees it as an important tool that all emergency physicians should use.

"It is important for [us to] know and be able to rapidly identify things that are going to kill patients," Dr. Wu said. "For example, we should know what X-ray findings may suggest a pericardial effusion and possible tamponade, and what an aortic dissection may look like on plain films and POCUS so we can manage the patient's [blood pressure] correctly and get them to definitive treatment."

Her session will provide tips for identifying subtle X-ray findings that can be missed "because they're not screaming at you with an arrow pointing at them from our radiology colleagues," she said.

> **"We need to know the critical clues that are found on radiographic studies so that we can make the best decisions for our patients."**
> *–Dr. Wu*

"We need to know the critical clues that are found on radiographic studies so that we can make the best decisions for our patients." she said. "The ability to correlate clinically what's happening in the images that we've ordered is extremely high yield, and the ability to do this well can—and will—save a life."

RICHARD QUINN is a freelance writer in New Jersey.

Dr. Wu

TEN MOST COMMONLY MISSED RADIOGRAPHIC FINDINGS IN THE ED
Wednesday, Nov. 1
9–9:50 a.m.
WCC, Room 145A

When Should You Use Antihypertensive Drip Medications?

by KAREN APPOLD

Hypertension is the most common comorbid condition that emergency physicians encounter. "We all know what to do in the case of an emergency ... but some emergency physicians are not well-versed on what to do if high blood pressure is severe but no emergency is occurring," said Philip H. Shayne, MD, FACEP, program director of emergency medicine at Emory University in Atlanta.

During his session, "Hypertensive Emergencies: Drugs, Drips, and Drops," Dr. Shayne will convey insights from national guidelines published by ACEP and the National Institutes of Health. "They provide a rational approach on how to care for each individual patient; physicians should not react instinctively to severe numbers," he said. "A key strategy is to determine if a patient's blood pressure is severe, urgent, or emergent and then create a treatment plan based on their scenario, not solely their blood pressure reading." He'll highlight common hypertensive emergencies and what antihypertensive drip medications to use, the danger of overtreating patients, and useful pearls and pitfalls with this patient population.

> **"I also work at an inner-city hospital where a lot of people don't get treatment, and there are many hypertensive presentations."**
> *–Dr. Shayne*

Dr. Shayne has presented on this topic throughout his career. "I live in the center of the stroke belt," he said. "We see many patients with particularly high hypertension. I also work at an inner-city hospital where a lot of people don't get treatment [for hypertension], and there are many hypertensive presentations."

KAREN APPOLD is a journalist based in Lehigh Valley, Pennsylvania.

Dr. Shayne

HYPERTENSIVE EMERGENCIES: DRUGS, DRIPS, AND DROPS
Wednesday, Nov. 1
11–11:25 a.m.
WCC, Room 146B

Tricks of the Trade for Better Orthopedic Exams in the ED

by VANESSA CACERES

Orthopedic injuries are commonly seen in the emergency department, but are you catching all the subtle presentations that may alter a patient's disposition?

Discover how to enhance your orthopedic exam skills and spot those tricky presentations in today's "Master Clinician Series: The Rapid, High-Yield Ortho Exam in the ED," led by Christopher Hogrefe, MD, FACEP, assistant clinical professor in the department of emergency medicine, department of medicine–sports medicine, and department of orthopaedic surgery–sports medicine at Northwestern Medicine in Evanston, Illinois.

Dr. Hogrefe will focus on the high-yield emergency department evaluation of commonly injured areas such as shoulders, elbows, wrists, knees, ankles, and feet.

Additionally, he'll discuss how a slightly different view of an injured area could completely change your perspective on the problem. For example, ankle X-ray gravity stress views can make a significant difference in making the correct diagnosis and implementing the optimal treatment, Dr. Hogrefe said. "There will be some valuable pearls on how to maximize various imaging," he said.

Dr. Hogrefe also will focus on a rapid, high-yield exam so you can make the most of your orthopedic exam in a limited amount of time. Key related components are a thorough and consistent documentation of the exam and a refined ability to convey this information to orthopedic consultants. This will help create continuity in patient care and ensure that patients receive superb follow-up, whether that be in one week or one month, Dr. Hogrefe said.

By getting more comfortable with orthopedic exams, emergency physicians can feel more confident about their diagnoses and treatments, Dr. Hogrefe added.

VANESSA CACERES is a freelance medical writer and editor based in Florida.

Dr. Hogrefe

MASTER CLINICIAN SERIES: THE RAPID, HIGH-YIELD ORTHO EXAM IN THE ED
Wednesday, Nov. 1
11–11:50 a.m.
WCC, Room 151A

Hot Sessions

Be Ready to Manage Any Type of Wound

by KAREN APPOLD

Emergency physicians encounter wounds every day. "Repairing lacerations is risky, but we need to perform these procedures with expert quality in a timely fashion," said Christopher B. Colwell, MD, FACEP, chief of emergency medicine at Zuckerberg San Francisco General Hospital and Trauma Center. He noted that about 25 percent of lawsuits nationwide against emergency physicians involve wound care.

> "Every area of the body requires a different approach and has different risks associated with it. I'll discuss different wounds and how to manage each one given its location."
> *–Dr. Colwell*

In his presentation, "Advanced Wound Closure in the ED: Putting the Pieces Back Together," Dr. Colwell will discuss closing techniques that some may not be familiar with and will also address cosmetic aspects of closing wounds. "Every area of the body requires a different approach and has different risks associated with it," Dr. Colwell said. "I'll discuss different wounds and how to manage each one given its location."

His comprehensive overview will also shed light on how to prevent infections, handle complications, and avoid risks, as well as when to consult a specialist. Videos showing more complicated closures will be shown.

The goal is to become more comfortable in handling these high-volume procedures. "It's a critical topic, as we all deal with wound care no matter where we're located or what type of facility we work at," Dr. Colwell said.

KAREN APPOLD is a journalist based in Lehigh Valley, Pennsylvania.

Dr. Colwell

ADVANCED WOUND CLOSURE IN THE ED: PUTTING THE PIECES BACK TOGETHER
Wednesday, Nov. 1
Noon–12:50 p.m.
WCC, Room 145A

A Focus on Better Care for Ophthalmic Emergencies

by VANESSA CACERES

Patients with eye complaints frequently present to the emergency department, and their conditions can have serious consequences, including loss of vision. In today's "Essential Ophthalmologic Procedures and Examinations" session, Jason R. Knight, MD, FACEP, medical director of Houston Methodist The Woodlands Hospital in Houston, will review essential ophthalmologic procedures in emergency medicine practice.

"It's a good session to attend and review an entire semester of ophthalmology compressed down into a rapid-fire 50-minute interactive lecture," Dr. Knight said.

Because ophthalmology is typically a business hours–focused practice—and some practices don't even accept calls after-hours—it's even more crucial for emergency physicians to know how to handle ophthalmic emergencies. Missing critical findings can have devastating consequences for patients, such as in the case of strokes that can present with eye findings, Dr. Knight said.

> "It's a good session to attend and review an entire semester of ophthalmology compressed down into a rapid-fire 50-minute interactive lecture."
> *–Dr. Knight*

His presentation will focus on a range of ophthalmologic tips for diagnosis and management, including slit-lamp examination, foreign body removal, fundus examination, pupil dilation, ultrasound use, and afferent pupillary defects.

His session also will go over the range of drops and ointments often prescribed for eye complaints so you can keep up with the latest recommended guidance in this area.

VANESSA CACERES is a freelance medical writer and editor based in Florida.

Dr. Knight

ESSENTIAL OPHTHALMOLOGIC PROCEDURES AND EXAMINATIONS
Wednesday, Nov. 1
Noon–12:50 p.m.
WCC, Room 151A

LAST DAY TO VISIT EXHIBIT HALL

The Exhibit Hall, including innovatED, the ACEP Resource Center, and much more, is only open until 3:30 p.m. today. Don't miss your chance to stop by!

Annals of Emergency Medicine

Find answers from the leading emergency medicine peer-reviewed journal in the ACEP Resource Center during Exhibit Hall hours.

Annals' podcast editor, Rory Spiegel, MD, will be doing interviews from 10 to 11 a.m. today.

Resource Center Prizes

Stop by the ACEP Resource Center today for your chance to win fabulous prizes! ACEP is giving away the best emergency medicine education, provided by ACEP eCME, *Critical Decisions*, and PEER. You could win one of nine ACEP educational product subscriptions.

Caught the Advocacy Bug? Don't Miss the ACEP Leadership & Advocacy Conference!

Being in the Capital City has probably got you thinking about what you can do to affect the future of emergency medicine at the state and federal levels. Did you know ACEP has a conference just for advocacy?

Join us at LAC18, May 20–23, 2018, in Washington, D.C.! You'll have a small-conference experience with large-conference impact.

- Learn about advocacy issues affecting emergency medicine.
- Establish an action plan for your state and federal legislators.
- Enjoy truly unique networking opportunities with like-minded colleagues.

Learn more and register now at **acep.org/LAC**.

Visit CYANIDEINSIGHT.COM to learn the causes, signs, and symptoms of cyanide poisoning.

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SATELLITE SYMPOSIA OFFER EVEN MORE EDUCATION OPTIONS

Industry-sponsored satellite symposia are educational, and some offer CME credit. This program is not a part of the official ACEP17 education program as planned by ACEP's Educational Meetings Committee.

The Multi-disciplinary PERT: A New Standard of Care for Acute Pulmonary Embolism

Tuesday, 6–8 a.m.

Registration, breakfast, and program
Marriott Marquis/Marquis Ballroom, Salon 4

Pulmonary embolism (PE) is a life-threatening condition that affects people of all ages and health statuses, from the most fit athletes to the most infirm patients. Detection of PE, "the great masquerader," is challenging because its signs and symptoms are often subtle and mimic those of other disease states. Once PE is diagnosed, clinicians have little guidance in choosing from the wide array of therapies available because:

- No accepted algorithm exists to guide diagnostic and therapeutic decision making.
- Outcomes data and evaluation for available therapies are lacking.
- Care rendered to PE patients is fragmented among different clinical services.
- Assessment of bleeding and other risks remains daunting.

Long-term effects of PE are poorly understood, though they can be severely debilitating. In the face of these challenges, multidisciplinary rapid-response programs—pulmonary embolism response teams, or PERTs—have been established at many institutions across the United States and abroad. PERTs promote coordination among specialists who care for PE patients. The PERT initiative has gained significant traction, leading to the establishment of a 501(c)(3) not-for-profit organization dedicated to improving outcomes for PE through collaboration in research, educational programs, management protocols, and dissemination of information about PE among member institutions, as well as increasing public awareness of PE and its prevention.

PERT programs hold the promise to improve interdisciplinary communication and collaboration, facilitate timely decision making to enhance care, and enable systematic collection and evaluation of data related to PE treatment and outcomes.

The goals of this satellite symposium are to improve PE diagnosis, care coordination, and treatment while expanding knowledge of the underlying mechanisms and long-term follow-up strategies for patients with PE. In addition, the patient perspective will be presented.

Sponsor: National PERT Consortium, Inc.
Grantor: Janssen Pharmaceuticals, Inc.

Q: WHAT IS THE VALUE OF ACEP17 TO YOU?

"When you come to these national meetings and hear these speakers speak, you're able to gather a lot of knowledge from them, you're able to stalk them after the presentations and ask a couple of questions as well, just to advance your knowledge base and make sure you feel ready when you graduate residency."

-Ameera Haamid, MD, emergency medicine resident, Cook County Health & Hospitals System, Chicago

Integrate the Science with the Education at ACEP's Research Forum

THIS YEAR'S ELECTRONIC SHOWCASE is larger than ever and has been integrated throughout ACEP17.

- Research Forum abstracts will be available to view near the course rooms and arranged by subject to enhance your learning experience.
- View and discuss original research that will impact your daily practice on the topics and issues that matter most to you and your patients.
- Learn from a panel of experts during "Prime-Time Practice Changers: Highlights of the Research Forum" on Tuesday.

Sponsored by GE Healthcare

ACEP RESEARCH FORUM

TUESDAY SCHEDULE

For a full listing of presentations, see the ACEP17 mobile app or pages 33–50 in the onsite program. All events take place at the Walter E. Washington Convention Center.

Electronic Presentations

9–9:50 a.m.

- Toxicology & Pharmacology
  Room 154A
- Administration/Practice Management
  Room 154B
- Disaster Medical/EMS
  Room 154B
- Geriatrics
  Room 154B
- Health Care Policy/Health Services Research
  Room 154B
- Quality and Patient Safety
  Room 155
- Ultrasound
  Room 159A
- Trauma
  Room 159B

10–10:50 a.m.

- Toxicology & Pharmacology
  Room 154A
- Wilderness Medicine
  Room 154A
- Resuscitation
  Room 154B
- Quality and Patient Safety
  Room 155
- Ultrasound
  Room 159A
- Trauma
  Room 159B
- Simulation
  Room 159B

11–11:50 a.m.

- Teaching Fellowship Presentations
  Room 154A
- Resuscitation
  Room 154B
- Quality and Patient Safety
  Room 155
- Ultrasound
  Room 159A
- Disaster Medical/EMS
  Room 159A
- Public Health
  Room 159B

EMF/GE Point-of-Care Ultrasound Challenge: Innovation in Research with a Crowd-Sourcing Twist

Noon–1 p.m.
Room 149AB

State-of-the-Art: The Landmark Article: From Research Idea to Game-Changing Manuscript

1–1:50 p.m.

Room 149AB

Plenary Session 3: Practice-Changing Emergency Research

2–2:50 p.m.
Room 149AB

Electronic Presentations

3–3:50 p.m.

- Teaching Fellowship Presentations
  Room 154A
- Pulmonary
  Room 154B
- Quality and Patient Safety
  Room 155
- Wellness/Well-Being
  Room 159A
- Public Health
  Room 159B

Prime-Time Practice Changers: Highlights of the Research Forum

4–5 p.m.

Room 149AB

Improve Quality with CEDR and E-QUAL

CEDR

As part of its ongoing commitment to provide the highest quality of emergency care, ACEP has developed the CEDR. This is the first emergency medicine specialty-wide registry to support emergency physicians' efforts to improve quality and practice in all types of emergency departments, even as practice and payment policies change over the coming years. The ACEP CEDR has been approved by Centers for Medicare and Medicaid Services (CMS) as a qualified clinical data registry. The CEDR will provide a unified method for ACEP members to collect and submit Physician Quality Reporting System data, maintenance of certification, ongoing professional practice evaluation and other local and national quality initiatives. Visit us to get more information, watch demonstrations, and sign up.

Tuesday, 7:30 a.m.–5:30 p.m.
Walter E. Washington Convention Center, Level 1, West Salon Foyer

E-QUAL

The ACEP Emergency Quality Network (E-QUAL) is a CMS-supported Support and Alignment Network of the Transforming Clinical Practice Initiative. E-QUAL has been designed to engage emergency clinicians and leverage emergency departments to improve clinical outcomes and coordination of care and to reduce costs within three areas of focus:

- Improve outcomes for sepsis.
- Reduce avoidable imaging in low-risk patients through implementation of with ACEP's *Choosing Wisely* program.
- Improve value of ED chest pain evaluation by reducing avoidable admissions in low-risk patients with chest pain.

Participation in E-QUAL will demonstrate the value and importance of EM care in addition to clinicians earning improvement activity credit for the new merit-based incentive payment system program, MOC Part IV credit, access to free eCME, and more resources and guidelines in the E-QUAL toolkits.

Tuesday, 7:30 a.m.–5:30 p.m.
Walter E. Washington Convention Center, Level 1, West Salon Foyer

Q: WHAT IS THE VALUE OF ACEP17 TO YOU?

"Education gets summarized here in a way that makes it more efficient. It's nice to have other people go in-depth in a lot of different areas."

-Joseph Alfano, MD, emergency physician, Fairview Lakes Medical Center, Wyoming, Minnesota

PHOTOS: PAUL KIM

Concussion Management for Young Athletes

by ART HSIEH

WASHINGTON, D.C.—The diagnosis and management of concussion continues to be an evolving and controversial subject in 2017, according to Andrew D. Perron, MD, FACEP, residency program director and emergency physician at the Maine Medical Center in Portland. While there is a growing body of evidence to support treatment guidelines, there continues to be conflicting information in key areas.

Concussion is a complex problem that is not well understood. Although there is currently a lot of attention focused on chronic traumatic encephalopathy (CTE), Dr. Perron stresses that the relationship between the two is not linear. Current literature supports a cascading model of events that occur within the brain after blunt trauma, including a decrease in blood flow to the injured area; cerebrovascular autodysregulation; tissue ischemia and edema; release of excitatory neurotransmitters such as acetylcholine, glutamate, aspartate; and the generation of free radicals.

Brains are individual and dynamic, and there is little predictability to the sequence and severity of signs and symptoms post injury, according to Dr. Perron. There are confounding factors that may need to be taken into account, including sleep deprivation, dehydration, and fatigue. In general, it appears that 90 percent of high school athletes with a sports-related concussion will be symptom free and can return to play within one month. Risk factors for longer recovery include multiple prior concussions, history of migraines and/or learning disabilities, and degree and severity of symptoms after concussion. Female sex may also play a role.

Dr. Perron stresses the need to use standardized tools during a sideline assessment of a player. “We are not good at just going to talk to [a player] and finding out what we need to know to decide whether they have a concussion or not,” he said. While not perfect, checklists such as SCAT3, Child-SCAT3 and the Concussion Recognition Tool make concussion assessment more consistent. Anterograde and retrograde amnesia seem to be critical markers of concussion.

Players who exhibit signs of concussion are removed from play immediately, and do not return to play on the same day. In all 50 states, there are laws in place that support this practice. Players must be monitored regularly to detect any change in status post injury. There is currently little evidence regarding the usefulness of concussion imaging. CT and MRI imaging can only rule out other brain injuries. Functional MRI (fMRI), eiffusion tensor imaging, and PET-CT may be helpful, but that is not yet clear.

Post-concussion rest is another area of controversy. Recent studies indicate that the brain may benefit from a more activity, rather than less. This evolution in thought is similar to other injury patterns such as back pain, psychiatric illness, and stroke, where prolonged rest has been shown to be detrimental. As Dr. Perron indicates, “At this point, we simply don’t know for sure if rest is helpful to the recovery process.”

There is also no method identified at this point that can speed up the recovery process. Players should not be cleared to return to play until symptoms during activity resolve. While neurocognitive testing is not an exact science, players should return to their baseline testing results prior to clearance.

ART HSIEH is a paramedic, educator, and writer based in Northern California.

Live from ACEP17

The ACEP17 Kickoff Party, presented by Schumacher Clinical Partners, opened the meeting in style with a night at the Newseum. Attendees enjoyed drinks, dancing, and a look at the history of journalism while networking with friends and colleagues Sunday night.

Quick Tips for ENT Emergencies

by ART HSIEH

WASHINGTON, D.C.—Most sore throats are minor in nature and physicians often refer them to fast track or even try to take care of them quickly, according to Tracy G. Sanson, MD, FACEP, associate professor of emergency medicine at the University of Central Florida College of Medicine in Orlando and Team Health's division of medical leadership education and professional liaison. However, there are several presentations that merit rapid identification and intervention because of their potential severity.

Illnesses such as diphtheria and botulism are on the rise. Patients appear toxic, are lethargic, and, more ominously, whisper rather than talk. In diphtheria, a gray membrane covers the tonsils and throat. Both require the appropriate antitoxin for definitive treatment.

Threats to airway patency, such as Ludwig's angina and epiglottitis, may require nasal or oral intubation in the awake patient. Dr. Sanson offers a few tips in preparing the airway, including coating the laryngoscope with viscous lidocaine, nebulizing lidocaine, or combining lidocaine with Neo-Synephrine and spraying it in the nare. Follow the lidocaine with a size 32 nasal trumpet, allowing it to stay in place while vasoconstriction and anesthesia takes place.

Accidentally puncturing the carotid artery while draining peritonsillar abscesses can be avoided by cutting off part of the needle guard of the syringe so that only enough of the needle is exposed to puncture the tissue at the correct depth. Alternatively, insert the needle through the center of a blood tube cap to limit the length of the needle. A spinal needle can also be used, and has the advantage of keeping the fingers outside of the mouth. If an incision is warranted, wrapping the blade with tape and exposing only the length necessary to lance an abscess provides a safeguard.

During these procedures, allowing patients to handle their own suction catheter can be more effective in minimizing secretions going down the throat and keeps the physician's hands available. The patient can also hold a laryngoscope or LED speculum to provide illumination during the procedure, and keep the tongue out of the way.

Dr. Sanson suggests getting comfortable with ultrasound, as it can be a key tool in differentiating an abscess from early cellulitis. Performing the ultrasound at bedside may help avoid a costly trip to the CT room.

Managing post tonsillectomy hemorrhage can be challenging. Sometimes the often-used techniques of direct pressure, epinephrine/lidocaine injection, or tea bag placement do not work. Soaking a pledget with tranexamic acid (TXA) may be useful in these situations. Alternatively, crush two TXA tablets with a couple of milliliters of fluid to create a paste and insert the paste into the socket. This technique has the added benefit of being significantly less expensive.

A bleeding tracheostomy is another airway challenge. Make sure that the trach balloon is fully inflated. Compress the innominate artery by pressing against the sternal notch. If this does not work, replace the trach with a cuffed endotracheal tube. The endotracheal cuff may need to be slowly inflated much more than normal, upwards of 30 to 50 cc of air. If the innominate fistula breaks loose, remove the trach, insert a finger into the opening, and compress the artery between the finger and the externally placed thumb. Take a ride with the patient on the gurney to the operating room.

ART HSIEH is a paramedic, educator, and writer based in Northern California.

PRODUCT AND SERVICE SHOWCASES KEEP YOU UP TO SPEED

Don't miss the Product Showcase today in the Exhibit Hall. These educational and product-oriented sessions provide you with an in-depth presentation on a product or service you may have seen in the Exhibit Hall. Show up early—seating is limited to 150, and a boxed meal will be served at each event.

TUESDAY

BMS/Pfizer Showcase

Treatment of VTE and Reduction in the Risk of Recurrent VTE Following Initial Therapy

11:30 a.m.–12:15 p.m.

Product Showcase I

Speaker: Robert Dunne, MD

This session will preview clinical trial information that led to the U.S. Food and Drug Administration approval of Apixaban for the treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE) and risk of recurrent DVT/PE following initial therapy. Both AMPLIFY and AMPLIFY-Extend efficacy and safety data will be discussed, with time allocated throughout the presentation for questions.

Portola Pharmaceuticals, Inc. Showcase

In-Hospital to Home: New Standards for Extended-Duration VTE Prophylaxis in Acutely Ill Medical Patients

11:30 a.m.–12:15 p.m.

Product Showcase II

Speaker: Marc Cohen, MD, FACC

Please join us for a product showcase sponsored by Portola Pharmaceuticals. This program will review the burden of VTE in acutely ill medical patients, provide an overview of the unmet need for extended-duration VTE prophylaxis from in-hospital to home, and review the APEX clinical trial data.

AcelRX Showcase

Frontline Therapy: A New Approach to ED Pain Management

2:30–3:15 p.m.

Product Showcase I

Speakers: James Miner, MD, and Pamela Palmer, MD, PhD

Establishing IV access in a busy emergency department can be challenging, time consuming, and resource intensive, especially when the patient has difficult IV access. When the patient is also suffering from moderate-to-severe acute pain, this delay in analgesic administration can cause significant anxiety and needless suffering. Our faculty will discuss a new approach to pain management that alleviates the challenges with IV access and potentially addresses unmet needs regarding management of acute pain in the emergency department setting. Safety and efficacy data from clinical trials, including patients presenting to the emergency department with moderate-to-severe acute pain, will be reviewed.

Janssen Pharmaceuticals Showcase

Clinical Data and Real-World Evidence to Support DVT/PE Treatment Decision Making

2:30–3:15 p.m.

Product Showcase II

Speaker: James Neuenschwande, MD

This lecture will discuss treatment options for patients with DVT and PE and how they can reduce the risk of recurrent thrombotic events. This promotional educational activity is not accredited. The program content is developed by Janssen Pharmaceuticals, Inc. Speakers present on behalf of the company and are required to present information in compliance with FDA requirements for communications about its medicines.

Don't Miss These innovatED Events

innovatED offers an unprecedented look at new technology, products, and services available to emergency practitioners. Don't miss these exciting events.

TUESDAY

In With the Old: Innovations in Palliative and Geriatric ED Care

11–11:30 a.m.
Location: Palliative and Geriatric Care Area
Sponsored by VITAS Healthcare, The John A. Hartford Foundation, and West Health Institute

The mHealth Toolbox Workshop

11 a.m.–12:30 p.m.
Location: mHealth Toolbox Area
Sponsored by mHealth Toolbox

The Hospital Visit

11:15–11:25 a.m.
Location: Innovation Spotlight Theater
A short film by Allergan models the treatment of acute bacterial skin and skin structure infection (ABSSSI).
Sponsored by Allergan

Relationship Between Workplace Factors and Emergency Physician Well-Being

11:30 a.m.–noon
Location: Steelcase Health Idea Lounge
Presented by Jay Kaplan, MD, FACEP, Past President, ACEP
Sponsored by Steelcase Health

How Technology Can Improve Timely and Seamless Care Transitions to Hospice in Your ED

11:45–11:51 a.m.
Location: Innovation Spotlight Theater
Presented by Eric Shaban, MD, regional medical director, VITAS Healthcare
Sponsored by VITAS Healthcare

Interactive Discussion: Innovations to Improve Behavioral Health Throughput and Safety

Noon–12:30 p.m.
Location: Behavioral and Psychiatric Emergencies Area
Presented by Jonathan Merson, MD, associate vice president, behavioral health service line, and medical director, behavioral telehealth, Northwell Health; Kate B. O'Neill, RN, MSN, director of clinical operations, emergency medicine service line, Northwell Health; and Michael Guttenberg, DO, medical director, Center for Emergency Medical Services, Northwell Health
Sponsored by Foundation for Advancing Alcohol Responsibility and Advanced Recovery Systems

Digital Health Pitch Event

Noon–12:30 p.m.
Location: Innovation Spotlight Theater
Featuring four incubatED participants: EvidenceCare; FOAMbase, LLC; HealtheMedRecord, LLC; and MedCognition, Inc.

Simulation: Triaging Behavioral Health Patients Utilizing a Five-Level Scale

2:30–3 p.m.
Location: Behavioral and Psychiatric Emergencies Area
Presented by Michael Guttenberg, DO; Jonathan Merson MD; Kate B. O'Neill RN MSN; Michael Gerardi, MD, FAAP, FACEP, chair, Coalition on Psychiatric Emergencies; and Maria Margaglione, actress, Coalition on Psychiatric Emergencies, web and visual communications director, Depression and Bipolar Support Alliance
Sponsored by Foundation for Advancing Alcohol Responsibility and Advanced Recovery Systems

In With the Old: Innovations in Palliative and Geriatric ED Care

3–3:30 p.m.
Location: Palliative and Geriatric Care Area
Sponsored by VITAS Healthcare, The John A. Hartford Foundation, and West Health Institute

PAUL KIM

Get Nostalgic, Get Ready for ACEP18 and ACEP's 50th Anniversary!

2018 WILL MARK THE 50TH YEAR ACEP HAS BEEN IN OPERATION, which means we are celebrating 50 years of promoting the very best in the practice of emergency medicine nationwide.

Today is the perfect time to get ready for the amazing 50th anniversary year-round event, which will culminate at ACEP18 in San Diego, California.

Visit the "ACEP Then & Now: The 50-Year Journey of EM" exhibit in the Exhibit Hall (9:30 a.m.–3:30 p.m.) to kick back, relax, and see the journey so far before the big anniversary next year. Sit in a comfy chair and chat with old friends or make new ones. Take a selfie through the decades. Explore a 360-degree virtual reality tour of the new ACEP headquarters in Dallas. Reflect on our amazing 50-year history as a specialty and the role you've played in making ACEP great.

In celebration of our 50th anniversary in 2018, ACEP is creating an enduring book that captures the DNA of modern emergency medicine. This inspiring collection of photo essays by renowned photojournalist Eugene Richards will feature stirring images and first-person stories told by ACEP founders and new leaders, physicians, physicians assistants, nurses, and other allied health providers on the front lines. The book will make its debut at ACEP18, but a sneak peek at the photos is available in the "ACEP Then & Now" exhibit.

ACEP WOULD LIKE TO THANK THE FOLLOWING SPONSORS FOR THEIR SUPPORT OF THE COMING 50TH ANNIVERSARY.

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TAKE ADVANTAGE OF THE NEMPAC DONOR LOUNGE

NEMPAC is a critical tool in ACEP's government affairs strategy to strengthen our influence on many legislative initiatives impacting the practice and delivery of emergency medical care. NEMPAC activities at ACEP17 will recognize the support of our most generous donors and highlight our agenda for the coming term. Because of ACEP member support, NEMPAC has become one of the top medical PACs in the country and is a respected political voice in Washington, D.C.

NEMPAC "GIVE-A-SHIFT" DONOR LOUNGE

TUESDAY
8 a.m.–4 p.m.
Washington Convention Center
(by invitation only)

ACEP members who have donated at the Give-a-Shift level in the past year are invited to stop by and relax in this private lounge with complimentary breakfast, lunch, snacks, professional neck and shoulder massages, television, and business center amenities. NEMPAC Board members and staff will be on hand to discuss NEMPAC's mission and activities.

NEMPAC National Emergency Medicine PAC

Who's the Top Resident Lecturer?

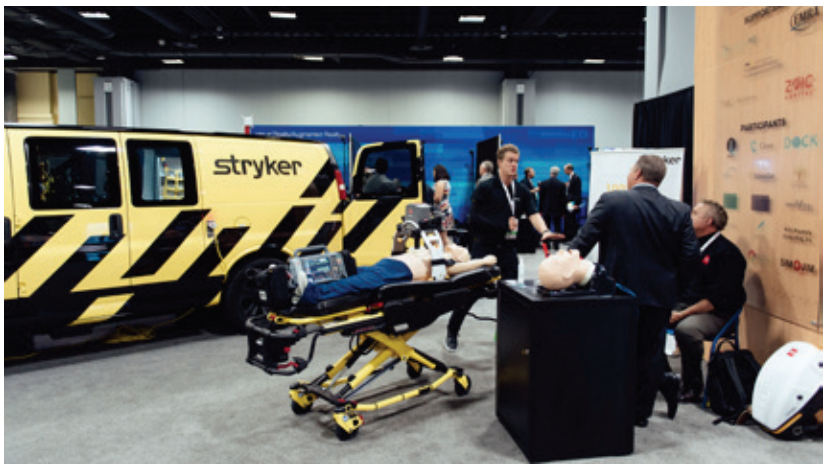
The EMRA 20 in 6 Resident Lecture Competition is hosted by residents for residents providing a unique venue at ACEP17 to feature the best resident speakers in the country, each competing to win the title of "2017 Best Resident Lecturer." Residents are given up to six minutes and exactly 20 PowerPoint slides to lecture on any topic that is relevant to emergency medicine.

TUESDAY
20 in 6: EMRA Resident Lecture Competition

1–3 p.m.

Watch your fellow residents vie for the title of best resident lecturer.

Sponsored by HIPPO Education



ACEP17 | CONTINUED FROM PAGE 1

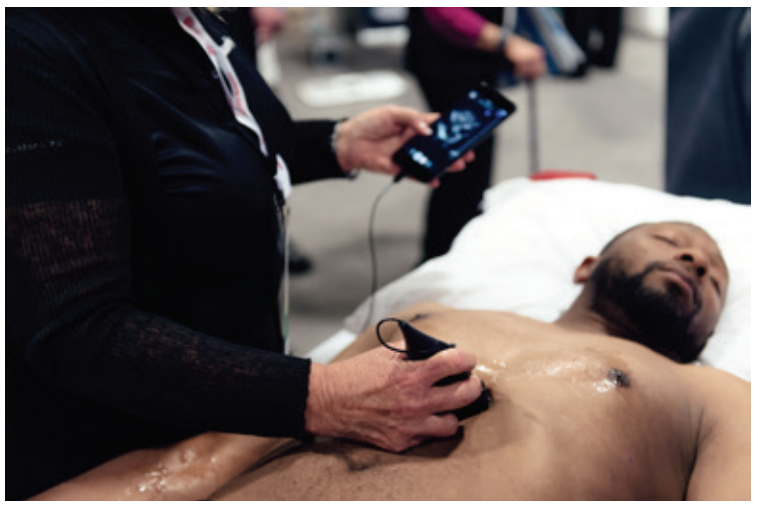
Boston, was a presenter of mHealth Toolbox, which bills itself as an interactive workshop for providers interested in health technology innovation. Dr. Dagan's session at innovatED sought to pair physicians with mobile technology to discuss how devices should work for emergency physicians.

"We're all very adept at making do with limited resources," Dr. Dagan adds. "Talk to any emergency physician and they'll have some tip or trick of how they take the nasal-cannula oxygen to dry the Dermabond. Everyone has these tricks of the trade ... as physicians, it's our responsibility to identify problems and then go to the engineers and say, 'Hey, I've got this problem. Can you help me solve it?' That's what this is."

For Carissa Tyo, MD, the problem to be solved is that emergency physicians spend so much time caring for patients, they forget to focus on their own well-being. She said so as she stretched out on an exercise ball at the Wellness Center, while people around her participated in "I EM Well" story booth for physicians to tell success stories.

"The message is absolutely invaluable," said Dr. Tyo, of University of Illinois-Chicago. "We as docs don't do a good job of taking care of ourselves ... to an unfortunate extent, we don't promote that enough within our specialty."

RICHARD QUINN is a freelance writer in New Jersey.



PHOTOS: PAUL KIM

Social Media Spreads the Learning Beyond D.C.

by JEREMY FAUST, MD

FOR PASSIONATE SUPPORTERS OF FREE OPEN ACCESS MEDICAL EDUCATION, #ACEP17 provides an abundance of clinical and practice pearls that can enhance your time here at the ACEP annual meeting.

Can't be in three places at once? That's what the ACEP official Social Media Team is for—and of course the thousands of unofficial supporters who join us online. With all the live-tweeting of great lectures and discussions by some of your favorite ACEP faculty members, choosing between courses isn't quite as difficult as it used to be. It's almost like you can, in fact, be in more than one place at the same time.

Live-tweeting has become a staple of medical conferences, and with it has come some maturity. There appears to be a shift away from pure stenography. Sure, for those who could not attend, it's nice to have some tweets that tell us what Dr. Corey Slovis just said. But as twitter expert Dr. Liam Yore (@movinmeat) recently summarized in a tweetstorm (ie, a series of pre-planned tweets on a single topic, sent out in short succession; a bolus of tweets, if you will), most people on twitter want more than a verbatim transcript of what a speaker said.

Often a useful conference tweet adds the tweeter's own opinion. Or it poses a question to the twitterverse. Of course, great pictures are always appreciated, if the speaker agrees to it. Dr. Tim Horeczko (@EMtogether) sent me his slides ahead of time for this purpose alone because I planned to live-tweet his talk and wanted a head-start with high quality images.

Dr. Justin Hensley (@EBMgonewild) provided a slew of excellent pearls, tweeting from Dr. Jennifer Walthall's talk "ALTE/BRUE: Can This Kid Go Home?" His ability to pack in the pearls shows this isn't his first Twitter rodeo. Turns out that, "We will miss epilepsy in ALTE/BRUE workup. Ten percent present as this. Outcomes are ok, so missing it is not harmful." I'm exhausted just reading that tweet. It wasn't just a pearl, it was an entire three-act play!

New to Twitter and don't know what to do? Check out @ACEPNow and follow accounts that they follow. From there, you'll find great EM educators who will fill your feed with high quality EM pearls. You can also search for tweets that contain #ACEP17—the conference hashtag. With about 5,000 tweets per day coming out of ACEP17 you'll have plenty to read!

DR. FAUST is an emergency medicine resident at Mount Sinai Hospital in New York and Elmhurst Hospital Center in Queens. He tweets about #FOAMed and classical music @jeremyfaust.

To Succeed, Set Goals and Don't Fear Failure

by RICHARD QUINN

WASHINGTON, D.C.—Kerry Broderick, MD, FACEP, professor of emergency medicine at Denver Health Medical Center, has a simple list to be successful: Define. Engage. Listen. Action. Closure.

Define what success means on a task, then engage whoever is necessary to reach said goal. Listen to stakeholders' thoughts and be flexible if necessary. Take action to effectuate the goal. Then, reflect on the closure of the process: did success happen? And perhaps most importantly, identify those things that interrupt the process, Dr. Broderick said in her session, "Top 5 Habits of Highly Successful Emergency Physicians."

"Identifying self-defeating behaviors is super important," she said. "We all have [them]. And I think if you don't look at yourself, what your own self-defeating behaviors are, and address those, then you're really never going to be successful because you're always tripping over yourself."

Dr. Broderick frames success in the story of how she set out to improve the educational content at ACEP meetings. Years ago, she felt too many sessions were "too basic." That's how she defined the problem. Then she engaged by getting involved in ACEP's education committee. She listened to others about how sessions were put together and, with that feedback, helped push for the action of creating the shorter, "rapid fire" sessions that are now commonplace at the meeting.

As for the closure part, well, the round of applause she got for saying she helped shorten most lectures would seem to be the imprimatur of success.

"You can do this on a shift, right?" Dr. Broderick said. "You can walk into the shift and say, 'Today, I want to have a successful shift.' But what does that mean? Does it mean, 'Today, I want to be more compassionate'? Does it mean, 'I want to learn something in this shift'?... What is it? And then start down the path of doing it."

Dr. Broderick also suggests emergency physicians reach for goals they'll sometimes miss. She recounts the story of having joined an executive council at Denver Health so she could better connect her colleagues to the University of Colorado Denver's leadership. So she got elected secretary of the council.

"My reach was a little too big," Dr. Broderick said. "My goal was that we would be more involved at a higher level with the executive branch of the university, but I didn't really understand the rules of engagement. So shame on me. I didn't research it."

Still, the experience meant she was setting goals for success. "If you don't have some failures," she said, "you're probably not pushing the limit."

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ACEP

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